Please read instructions on rever	se before co	ting form.			Form Appro	oved,	JMB No.	2070-0	060	Pfil	nt Form
Environmental Protection  Washington, DC 204						×	Registration Amendment Other			OPP Identifier Number	
		<b>Applicat</b>	ion for F	esticio	le - Sect	ion	Ī				
1. Company/Product Number 87246-4				2. EPA Product Manager Dennis Edwards  3. Proposed Classification							ssification
4. Company/Product (Name) Cliniweave(TM) Original Liquid				PM#					X None Restricted		
5. Name and Address of Applicant (Include ZIP Code)  Intelligent Fabric Technologies North America Inc. 525 Denison St. Unit 2, Markham Ontario				6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to:  EPA Reg. No							
Check if this is a new address				Product Name							
X Amendment - Explain below Resubmission in response Notification - Explain below	to Agency letter	dated	Sect	ion - II	Final printed Agency lette "Me Too" Ag Other - Expla	r date pplicat	d tion.	e to			
IFTNA wishes to amend the la remove the proposed use on	bel for Cliniwea automotive, boa	ve(TM) Orig at, train and	airplane se	eats and	seat coverir	ne dir ngs.	ections fo	or use o	n texti	les, and	also to
			Secti	on - III							
1. Material This Product Will Be Packaged In:  Child-Resistant Packaging  Yes  X No  * Certification must be submitted  1. Material This Product Will Be Packaged In:  Unit Packaging  Yes  X No  If "Yes"  Unit Packaging wgt.  No. per Container		Water Soluble Packaging  Yes  No  If "Yes"  No. per Package wgt  Container				2. Type of Container  X Metal X Plastic Glass Paper Other (Specify)					
3. Location of Net Contents Information 4. Size(s) Re  X Label Container 15 kg drum						On Labe	n of Label Directions On Label On Labeling accompanying product				
6. Manner in Which Label is Affixed to Product  X Papel Stend			graph Other glued iiled						_		
			Section	on - IV							
1. Contact Point   Complete items	directly below fo	r identificatio	n of individu	ual to be	contacted, if	neces	sary, to pi	ocess t	his app	lication.	
Name Tomas Jonaitis			Title Consultant				Telephone No. (Include Area Code) 1-905-542-2900				
I certify that the statements I acknowledge that any kno both under applicable law	I have made on t wingly false of m	Certifica this form and isleading stat	all attachm	ents there	ato are true,	accure or imp	ate and co	mplete. or	3	Date App Received (Star	Sucrementary and an extension
2. Signature			3. Title President	& CEO							3
4. Typed Name Hylton Karon			5. Date	5/3	1/13						9

\*Product ingredient source information may be entitled to confidential treatment\*

Please read instructions or	n reverse before com	pleting form.			Form Approv	ed. OMB No	. 2070-00	Print Form		
United States  Environmental Protection Agency Washington, DC 20460  X Registration Amendment Other							OPP Identifier Number			
1 C		Applicati	on for Pe	esticid	e - Sectio	n i				
<ol> <li>Company/Product Numb Intelligent Fabric Techn</li> </ol>	ologies North Ame	rica, Inc.	2	2. EPA Pr	oduct Manage	ır	3.	Proposed Classification		
4. Company/Product (Name) Cliniweave Original Liquid				PM#				X None Restricte		
5. Name and Address of A	pplicant /Include ZIP	Code)		E Evnac	lited De i					
Intelligent Fabric Technologies North America, Inc. 525 Denison Street Unit 2, Markham ON L3R				6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to:  EPA Reg. No.						
X Check if this is a new address				Product Name						
			Section	on - II						
Amendment - Explai	Final printed labels in response to Agency letter dated  *Me Too* Application.  Other - Explain below.									
Explanation: Use addition					Capiain	JOIDW.				
			Section	n - ilí						
. Material This Product Wil	A Paracelor III									
Hild-Resistant Packaging Yes*  No	U You   U							cainer stal		
Certification must	If "Yes" No. per If "Y			No. per GI				per ner (Specify)		
Location of Net Contents	Information	4. Size(s) Reta	ail Container		15. L	ocation of Le	bal Direction	one		
X Label Container 15 kg drur			n On Label				ad .			
Manner in Which Label is	Affixed to Product	X Lithogra Paper of Stencilo	aph plued ed		Other			2		
			Section							
. Contact Point /Complete	items directly below	for identification	of individual	to be co	ntacted, if ned	essary, to p	rocess this	application.)		
omas Jonaitis			Title Consultant			Telephone No. (Include Area Code) 1-905-542-2900				
I certify that the stater I acknowledge that any both under applicable is	KIND AND BIA 19889 OL L	Certificat this form and a misleading state	attachman	its thereto punishab	o are true, acc ola by fina or i	urate and co	mplete.	6. Dete Application Received (Stamped)		
Signature			3. Title							
- 1			President & CEO							
Typed Name		5	. Date							
ylton Karon			~		. ' ' ' ' .					
A Form 8570-1 (Rev. 8-94)	Previous editions are	obsolete.			White - E	PA File Copy	(original)	Yellow - Applicant Cop		